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# EAPC Early Researcher Award 2012 – looking back

Since 2009, through its Early Researcher Award, the European Association for Palliative Care (EAPC) has recognised and supported the work of scientists and clinicians who make an outstanding contribution to palliative care research. Here, **Lucy Selman**, **Matthew Maddocks** and **Stephanie Stiel** reflect on the path their careers have taken since they won the award in 2012



## First prize

### A stepping stone along the path

*Lucy Selman, Cicely Saunders International Faculty Scholar, Cicely Saunders Institute, Department of Palliative Care, Policy and Rehabilitation, King's College London, UK*

**A**fter eight years of research in palliative care in India, Africa and the UK, I was honoured to be awarded the Early Researcher Award in 2012. It was a high point of my career to give a plenary presentation in Trondheim on my PhD research, which investigated the spiritual well-being of patients receiving palliative care in South Africa and Uganda. It was daunting to present to such an expert audience, but also immensely rewarding.

The award opened many doors, offering new opportunities, widening my network of research partners and strengthening my relationships with colleagues in Europe. Since 2011, I have been Co-chair of the research subgroup of the EAPC Spiritual Care Taskforce. With funding from the Sir Halley Stewart Trust, I organised conferences on

spiritual care at the Cicely Saunders Institute in 2012 and 2014, and coordinated an international focus group study called InSpirit. Through my links with the EAPC Taskforce, I was also invited to attend an international expert meeting on spiritual care in Geneva in 2013.

Central to my work in the past three years was being appointed Cicely Saunders International Faculty Scholar in February 2013. This postdoctoral position aims to foster future leaders in palliative care research. The Early Researcher Award added to my confidence in taking up this role.

I spent the first year of this new post at the University of California, San Francisco (UCSF) as a visiting scholar. At UCSF, I collaborated with the department of physiological nursing, leading the qualitative component of a randomised pilot trial of a tele-yoga intervention for people with heart failure and chronic obstructive pulmonary disease. This gave me a fascinating insight into the potential for helping isolated patients at home by bringing live yoga classes to them via remote video link-up. I provided qualitative expertise, exploring the acceptability and feasibility of the intervention and trial design. This project consolidated my interest in the development and evaluation of complex interventions in palliative care populations – an area I will continue to explore.

While at UCSF I also worked with the department of palliative care on two studies of the International Access Rights and Empowerment (IARE) project: a survey of bereaved family carers and an in-depth ethnography of palliative care in the hospital. The IARE project is a research collaboration between centres in London, Dublin, New York and San Francisco aiming to generate evidence to improve access to specialist palliative care and improve services for patients and carers. Leading the study in San Francisco was a wonderful opportunity to grow as a researcher and become familiar with a very different healthcare system. It also gave me an insight into the benefits of using mixed methods when investigating complex topics, which

» The deadline for submitting applications for the Early Researcher Award 2016 is 13 December 2015. The winners will be announced at the 9th World Research Congress of the EAPC in Dublin in June 2016 ([www.eapcnet.eu/research2016](http://www.eapcnet.eu/research2016)). Read more about the Early Researcher Award on the EAPC Blog (<https://eapcnet.wordpress.com/>)

confirmed my commitment to furthering mixed-methods research in palliative care.

Since returning to the UK in 2014, I have been leading a multicomponent, mixed-methods study evaluating palliative care training for non-specialist end-of-life care providers, such as nurses working in intensive care units and GPs in the community. We are currently completing a large systematic review of training in end-of-life communication skills. The study has also generated novel data regarding the training needs of GPs and hospital volunteers, as well as evidence to refine existing multiprofessional training provided by clinician colleagues in London. This multifaceted evidence base will, we hope, inform a future trial of a training intervention for generalist palliative care providers.

Throughout my career I have been privileged to do work that I value and enjoy, and to collaborate with excellent colleagues at King's College London and other institutions in Europe and further afield. Winning the Early Researcher Award was an important stepping stone along this path ■



■ **Matthew Maddocks:**  
'I value collaborations and spend time forging new ones and strengthening those already in place'

## Second joint prize

### Wider aspects of career learning

*Matthew Maddocks, Specialist Physiotherapist and Lecturer in Health Services Research, Cicely Saunders Institute, Department of Palliative Care, Policy and Rehabilitation, King's College London, UK*

**R**eceiving an Early Researcher Award in 2012 was a great confidence boost. It felt like a mark of international recognition of my doctorate research, which focused on the role of exercise for people with cancer cachexia. Three years on,

**I hold a lecturer post with a focus on health services research for older people and am based at the Cicely Saunders Institute in London, led by Professor Irene Higginson. This position offers relative stability, and I'm beginning to grow a team to explore the interface between palliative care and rehabilitation.**

Reaching this point has involved navigating the usual academic hurdles: turning ideas into grants, studies into papers, and passing on findings via effective dissemination. Of course this is, in part, the result of hard work, persistence and some good fortune. It is also due to sound advice from my mentors and colleagues. I thought the most valuable contribution I could make here would be to reflect on these wider aspects of career learning.

More than ever, I value collaborations, and spend time forging new ones and strengthening those already in place. Some of my best collaborators are from outside the immediate specialty; for example, from respiratory or geriatric care. There seems more to share and bring to the partnership when the perspectives of each person differ, so having different backgrounds can be a real advantage.

I've learned to not only look to more senior colleagues for collaborations. It is important to join forces with one's peers, some of whom will become the next wave of leaders. I also enjoy working with local clinicians and partnering with staff in nearby healthcare services. It can be really rewarding to support the translation of research into clinical practice. Often this only requires small changes to services that strong clinical teams embrace with open arms. These links can help you stay motivated, as well as help you realise where your research should go next, as you discover the next knowledge gap or unmet area of need.

When building an academic CV, I have been told to think of the bigger picture. To ask myself: how will this project develop my overall body of work? It can help to have an overall theme in mind. For me, this is 'rehabilitation in advanced disease', which means I'll steer away from, for example, studies in groups cured of disease or public health questions. In line with this, I've found it worthwhile to contribute in a small way to the big projects in the field. This allows you to see first-hand how others – often people with vast experience – work. Once the project comes to an end, you have played your part, albeit small, in a landmark study.

Perhaps the most difficult advice I've been given is to look ahead, think forward and pre-empt the problems we will face in three, five or ten years from now. If you get it right, you can collect pilot data, model interventions and commence studies

to get a head start on your peers. The result can be 'state of the art' – and not 'me too' – papers which extend rather than just confirm current thinking.

There is far more to learn. I am only just being exposed to the wider aspects of leadership, such as team management and effectively influencing policy-makers. I am truly grateful for the continued support of my mentors, who pass on their expert knowledge, without hesitation, to invest in me and in the specialty ■



■ **Stephanie Stiel:** 'Having progressed from "early" to "senior" researcher within two years, I now sometimes worry about what will happen in the next two years!'

## Second joint prize Cleaning buckets as flower vases

*Stephanie Stiel, Psychologist and Leader of the Research Unit, Department of Palliative Medicine, Erlangen University Hospital, Germany*

**T**o be one of the Early Researcher Award winners in 2012 was a great honour and very meaningful to me. I wasn't convinced that I was competitive enough to make it through the selection process, but in the end I gained plenty of self-esteem from this achievement.

When I moved into a new flat in 2013, I made sure I took the award with me and hung it again on the wall of my new study, which is also my guest room. When a visitor asks me about it, it brings a smile to my face and I feel how proud I still am. Thinking back to the moment when I was on stage in Trondheim and received the prize, I remember feeling like 'a princess for a day'. Travelling to EAPC congresses it happened to me more than once that people recognised me at the airport and said: 'Aren't you the Early Researcher Award winner?'

Now, three years later, I've been asked to look back and reflect what path my career has taken

since I won the award. First of all, it was most meaningful to me to finish my 'habilitation', a German postdoctoral qualification that opens up a teaching career in higher university education. This had been my goal since 2010, when I finished my doctoral thesis. Somehow the habilitation was the most logical next step for me to take in my career. It was also my personal aim to further qualify for working at a medical faculty in Germany. On the 21 of October 2013 I gave my inaugural speech, entitled 'How much time is left? Prognosis in terminally ill patients'. Never before had I received so many bouquets of flowers. I had to use my cleaning buckets as flower vases. It was a wonderful event!

Following this, the head of my department, Professor Christoph Ostgathe, gave me the chance to become leader of the research unit at the department of palliative medicine, Erlangen University Hospital. Of course I happily accepted this opportunity. Since the summer of 2014, I am responsible for the entire research team, do a lot more supervisory work and have the honour to pass my knowledge and experience on to my colleagues. Having progressed from 'early' to 'senior' researcher within two years, I now sometimes worry about what will happen in the next two years! But whatever it may be, it is certainly too early for retirement.

Meanwhile, on the 2 October 2013, I received an email from Heidi Blumhuber, former Chief Executive Officer of the EAPC, inviting me to join the scientific committee of the 14th EAPC World Congress in Copenhagen in May 2015. Because I was an Early Researcher Award winner, I was asked in particular to take an active part in organising the scientific programme. How lucky! In Copenhagen, I had the opportunity to chair scientific sessions and even a plenary session together with Augusto Caraceni. All this gave me a number of new and exciting insights into the organisation of an EAPC congress. I very much enjoyed working with some of my most admired role models and meeting beautiful people. I am thankful to the EAPC for this great opportunity.

Today, I still love what I do and hope to be able to continue doing it. Setting up research projects, writing proposals and grant applications gives me the opportunity for free thinking. With every new research project involving patients and family caregivers, I'm aware of the importance of my findings for future end-of-life care. I feel grateful to be involved in projects that I believe are meaningful, and to be able to spend my time at work with talented colleagues ■